Name in Full | Certificate of Death

Samuel Banks

Town | County

Died at near Anthony Mills | Howard | MARYLAND

Date 189 6 | Month 10 – Day 3 | Age Y. 45 M. D. | Native of | Occupation Farmer

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 3

~~Husband~~ ~~Wife~~ of (Miss Linthicum)

Father's Name | Mother's Name

Cause of Death: Primary Typhoid-pneumonia | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Progress Ellicott City

Address 10-8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Brosenne

Certificate of Death

Died at Town Dougharegan County Howard MARYLAND

Date 1898 Month Oct Day 20th Age Y. M. 2 D. 22

Native of ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~ 226.

Father's Name Christian Brosenne

Mother's Name Margaret Brosenne

Cause of Death: Primary Tubercular Menigitis

Immediate convulsions + prostration

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by Benj. F. Shipley M.D.

Address Alpha Howard Co Md

(over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

This case seems rather young for Tubercular Meningitis, & from the family history you would not look for a case of the kind, mother a powerful strong woman, 9th child, all the rest healthy, Father a spare looking man, but rather healthy, the child was bottle fed, with proper care as to diet & seem to thrive within 2 weeks of its death, it had all the concomitant symptoms of Tubercular ~~m~~ meningitis,

B. F. S.

Name in Full

Certificate of Death

George W. H. Dashield

Died at Town Laurel North County Howard MARYLAND

Date 189 8 Month 10 Day 20 Age Y. M. D. 4. 4 Native of Md Occupation Infant

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name George B. Dashield Mother's Name Carrie Dashield

Cause of Death Primary Indigestion & Malaria How long sick 2 weeks

Immediate Intestine 83 ~~Accident, Suicide, Homicide~~

Reported by F. W. Linthicum M.D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full Sarah E Dorsey

Certificate of Death

Died at Town Woodstock County Howard MARYLAND

Date 189 8 Month Oct. Day 14 | Age Y. 78 M. 6 D. 4 | Native of U. S. A. | Occupation Duties Sold

Male no White yes Married yes Widow yes Divorced no

Female yes Colored no Single no Widower no Number of children living 1

Husband of Wife Dont Know

Father's Name Dennis Dorsey

Mother's Name Ruth Dorsey

Cause of Death: Primary General debility

Immediate

How long sick one week

Accident, Suicide, Homicide

Reported by Stephen Hilsmeyer

Address Undertaker Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

no Dr. in attendance

Information contained in the
card received from Major Brown
of Murdock Howard Co.

Name in Full

Laura Jane Gill

Certificate of Death

Died at Town: Savage County: Howard MARYLAND

Date 189 8 Month 10 Day 16 Age Y. 43 M. 8 D. - Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of James Gill

Father's Name Camp Phelps Mother's Name

Cause of Death: Primary Consumption 2 v a How long sick 1 yr

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by J. W. Littlemann M.D.

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65260

Name in Full | Certificate of Death

Wm A. Leisher

Died at Town: Savage | County: Howard | MARYLAND

Date 189 8 | Month 10 | Day 2 | Age Y. 50 M. 8 D. | Native of Md | Occupation Laborer

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | ~~Number of children living~~ 2

Husband / Wife of Mary E. Leisher

Father's Name Wm F. Leisher | Mother's Name Mary Leisher

Cause of Death: Primary Pulmonary Consumption | How long sick 2 yr

Immediate Exhaustion 22a | Accident, Suicide, Homicide

Reported by F. W. Lieutheum M.D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5868

Name in Full

Certificate of Death

Litchfield

Died at Town Dorseys Station County Howard MARYLAND

Date 1898 Month Oct Day 1st Age Y. 5 M. 10 D. Native of Md. Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name George Litchfield Mother's Name Mattie Litchfield

Cause of Death: Primary Marasmus 82 How long sick 3 1/2 mos

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by M. R. Eareckson M.D.

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Isaac R. Reed

Certificate of Death

Died at Town County Howard MARYLAND

Date 1898 Month Oct Day 4 | Age Y. M. D. about 75 ps | Native of Frederick Co | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced Number of children living

Husband of Wife

Father's Name Jacob Reed

Mother's Name a

Cause of Death: Primary Unknown

Immediate Unknown 161

How long sick ~~Ohm~~

Accident, Suicide, Homicide

Reported by Wm E Hodges

Address Elliott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full William E. Robinson

Certificate of Death

Died at ~~Town~~ Mount View P.O. County Howard MARYLAND

Date 1898 Month Oct Day 27th Age Y. 60 M. 6 D. 12 Native of Philadelph Pa Occupation Pauper

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of angeline Hackney Robinson

Father's Name John Robinson Mother's Name Martha Robinson

Cause of Death Primary Cramp collic How long sick 6 hours

Immediate severe pain & exaustion ~~Accident, Suicide, Homicide~~

Reported by Dr Benj Shipley PT

Address alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Mary Rowan

Died at Town: Ellicott City County: Howard MARYLAND

Date 189 Month: Oct Day: 3 Age Y.: 88 M.: - D.: - Native of: Ireland Occupation:

Male: no White: yes Married: no Widow: no Divorced: no

Female: yes Colored: no Single: yes Widower: no Number of children living: none

Husband ~~Wife~~ of none

Father's Name: dont know

Mother's Name: dont know

Cause of Death — Primary: Old Age

How long sick: 2 weeks

Cause of Death — Immediate:

Accident, Suicide, Homicide

Reported by: Stephen Fillmeyer

Address: Undertaker Ellicott City Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. R. J. Byrne
of Ellicott City Md

Information contained in this certificate received from Rev. Father Farro
of Ellicott City Md.

Name in Full Mary E Swann

Certificate of Death

Died at Town Savage County Howard MARYLAND

Date 189 8 Month 10 Day 9 Age Y. M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 22.a.

Cause of Death Primary Consumption How long sick

Immediate Accident, Suicide, Homicide

Reported by Fr. H. D. Bisin M.D.

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968